

Fill in this information to identify the case:Debtor name BioRestorative Therapies, Inc.United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORKCase number (if known) 8-20-71757☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
 - ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
 - ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
 - ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
 - ☒ *Schedule H: Codebtors* (Official Form 206H)
 - ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
 - ☐ *Amended Schedule*
 - ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
 - ☒ Other document that requires a declaration
- General Statement Regarding Debtor's Bankruptcy Schedules and Statement of Financial Affairs**

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 20, 2020**X /s/ Mark Weinreb**

Signature of individual signing on behalf of debtor

Mark Weinreb

Printed name

Authorized Signatory

Position or relationship to debtor

-----X
In re:

BIORESTORATIVE THERAPIES, INC.,

Debtor
-----X

Case No. 8-20-71757

Chapter 11

**GENERAL STATEMENT REGARDING DEBTOR'S BANKRUPTCY SCHEDULES
AND STATEMENT OF FINANCIAL AFFAIRS**

The Schedules of Assets and Liabilities (the "Schedules") and Statement of Financial Affairs (the "Statement" and, collectively with the Schedules, the "Required Bankruptcy Filings") of BioRestorative Therapies, Inc. (the "Debtor" or "BRT") in the above-captioned chapter 11 case were prepared in accordance with and under 11 U.S.C. § 521 and Rule 1007 of the Federal Rules of Bankruptcy Procedure by the Debtor's management after consultation with the Debtor's financial and accounting professionals and are unaudited. While the Debtor's management has made reasonable efforts to ensure that the Required Bankruptcy Filings are accurate and complete, based upon information that was available to them at the time of preparation, subsequent information may result in material changes to the Required Bankruptcy Filings. Moreover, because the Required Bankruptcy Filings contain unaudited information which is subject to further review and potential adjustment, there can be no assurance that these Required Bankruptcy Filings are complete. The Debtor reserves all rights to amend the Required Bankruptcy Filings from time to time, in all respects, as may be necessary or appropriate, including, but not limited to, the right to dispute or otherwise assert offsets or defenses to any claim reflected on the Required Bankruptcy Filings as to amount, liability or classification, or to otherwise subsequently designate any claim as "disputed," "contingent" or "unliquidated." Furthermore, nothing contained in the Required Bankruptcy Filings shall constitute a waiver of rights with respect to this Chapter 11 case and specifically with respect to any issues involving

equitable subordination or causes of action arising under the provisions of Chapter 5 of the Bankruptcy Code and other relevant non-bankruptcy laws to recover assets or avoid transfers. The Debtor files audited financial statements annually with the Securities and Exchange Commission (the “SEC”) as a result of it being a publicly traded company. The Required Bankruptcy Filings do not purport to represent and are not financial statements prepared in accordance with U.S. Generally Accepted Accounting Principles, nor are they intended to fully represent the financial statements filed by BRT with the SEC.

Fill in this information to identify the case:Debtor name **BioRestorative Therapies, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**Case number (if known): **8-20-71757**☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Auctus Fund, LLC. 545 Boylston Street 2nd Floor Boston, MA 02116		Convertible Promissory Note Debt				\$3,261,819.00
Pharos Advisors 299 Market Street Saddle Brook, NJ 07763		Financial and Accounting Services				\$1,200,000.00
K&L Gates, LLP. 210 Sixth Avenue Pittsburgh, PA 15222		Legal Services				\$706,155.00
GS Capital Partners, LLC 30 Broad Street, Ste 1201 New York, NY 10004		Convertible Promissory Note Debt				\$649,580.00
Dr. Wayne Marasco 43 Rice Street Wellesley Hills, MA 02481		Professional Services				\$550,000.00
Odyssey Capital Funding 1249 Broadway, Suite #103 Hewlett, NY 11557		Convertible Promissory Note Debt				\$423,012.00
Eagle Equities, LLC 525 Norton Parkway New Haven, CT 06511		Convertible Promissory Note Debt				\$394,875.00
Gladstone Corporation 1521 Westbranch Drive Suite 100 Mc Lean, VA 22102		Promissory Note Debt				\$368,250.00

Debtor **BioRestorative Therapies, Inc.**
Name

Case number (if known) **8-20-71757**

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
SBI Investments LLC 369 Lexington Avenue 2nd Floor New York, NY 10017		Convertible Promissory Note Debt				\$326,701.00
Labrys Fund LP 48 Parker Road Wellesley, MA 02482		Convertible Promissory Note Debt				\$274,752.00
LG Capital Funding, LLC 1218 Union Street, Ste. 2 Brooklyn, NY 11225		Convertible Promissory Note Debt				\$266,651.00
Crown Bridge Partners LLC 1773 A 2nd Avenue Suite 126 New York, NY 10065		Convertible Promissory Note Debt				\$266,076.00
Coventry Enterprises, LLC 80 S.W. 8th Street Suite 2000 Miami, FL 33130		Convertible Promissory Note Debt				\$252,543.00
HRW Legacy LLC 15140 Sutton Street Sherman Oaks, CA 91403		Convertible Promissory Note Debt				\$233,381.00
EMA Financial, LLC 40 Wall Street, Ste. 1700 New York, NY 10005		Convertible Promissory Note Debt				\$211,377.00
JSJ Investments, Inc. 2665 Villa Creek Drive Suite 214 Dallas, TX 75234		Convertible Promissory Note Debt				\$210,058.00
GW Holdings, LLC 137 Montague Street Suite 291 Brooklyn, NY 11201		Convertible Promissory Note Debt				\$187,390.00
Gene M. Bernstein 31 South Hill Street Southampton, NY 11968		Convertible Promissory Note Debt				\$163,660.00
Lance Alstodt 1 Woodedge Lane Brookville, NY 11545		Severance pay				\$161,350.00

Debtor **BioRestorative Therapies, Inc.**
Name

Case number (if known) **8-20-71757**

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Harvey & Melody Alstodt 224 Grande Point Drive Palm Beach Gardens, FL 33418		Convertible Promissory Note Debt				\$152,082.00

Fill in this information to identify the case:Debtor name **BioRestorative Therapies, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**Case number (if known) **8-20-71757**☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 929,062.31
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 929,062.31

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 1,355,863.43
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 210,782.89
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 13,516,225.02
4. Total liabilities Lines 2 + 3a + 3b	\$ 15,082,871.34

Fill in this information to identify the case:Debtor name **BioRestorative Therapies, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**Case number (if known) **8-20-71757**☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Wells Fargo****Business Checking - Operations****2717****\$4,727.44**3.2. **Wells Fargo****Business Checking - Payroll****2709****\$82.73****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$4,810.17**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. **Catherine Ross (Consultant)****\$900.00**7.2. **RIMCO (Landlord)****\$22,100.00**

Debtor BioRestorative Therapies, Inc.
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8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$23,000.00**Part 3: Accounts receivable**10. **Does the debtor have any accounts receivable?**

- ☒ No. Go to Part 4.
☐ Yes Fill in the information below.

Part 4: Investments13. **Does the debtor own any investments?**

- ☐ No. Go to Part 5.
☒ Yes Fill in the information below.

		Valuation method used for current value	Current value of debtor's interest
14. Mutual funds or publicly traded stocks not included in Part 1 Name of fund or stock:			
15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture Name of entity:	% of ownership		
15.1. Stem Pearls, LLC (not active)	100 %		Unknown

16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**
Describe:

17. **Total of Part 4.**

Add lines 14 through 16. Copy the total to line 83.

\$0.00**Part 5: Inventory, excluding agriculture assets**18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

Debtor BioRestorative Therapies, Inc.
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	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Office furninture, computers, etc.	\$29,475.84		\$29,475.84

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$29,475.84

- 44.
- Is a depreciation schedule available for any of the property listed in Part 7?**

☐ No☒ Yes

- 45.
- Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No☐ Yes**Part 8: Machinery, equipment, and vehicles**

- 46.
- Does the debtor own or lease any machinery, equipment, or vehicles?**

☐ No. Go to Part 9.☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48.	Watercraft, trailers, motors, and related accessories <i>Examples:</i> Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49.	Aircraft and accessories			
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment) Lab equipment, etc.	\$17,591.30		\$17,591.30

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$17,591.30

- 52.
- Is a depreciation schedule available for any of the property listed in Part 8?**

☐ No☒ Yes

- 53.
- Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No

Debtor BioRestorative Therapies, Inc.
NameCase number (If known) 8-20-71757☐ Yes**Part 9: Real property**

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
- ☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
- ☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets See attached Schedule attached hereto	\$724,185.00		\$724,185.00
61.	Internet domain names and websites See Schedule attached hereto	Unknown		\$0.00
62.	Licenses, franchises, and royalties January 27, 2012 license agreement between the Company and a stem cell treatment company of intellectual properties and special needle	Unknown		\$0.00
63.	Customer lists, mailing lists, or other compilations			
64.	Other intangibles, or intellectual property			
65.	Goodwill			
66.	Total of Part 10. Add lines 60 through 65. Copy the total to line 89.			\$724,185.00
67.	Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
68.	Is there an amortization or other similar schedule available for any of the property listed in Part 10? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
69.	Has any of the property listed in Part 10 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.

Debtor BioRestorative Therapies, Inc.
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☐ Yes Fill in the information below.

Current value of
debtor's interest

71.	Notes receivable Description (include name of obligor)		
72.	Tax refunds and unused net operating losses (NOLs) Description (for example, federal, state, local) Federal Net Operating Losses as of December 31, 2018 totaling \$45,020,791.00 (may be subject to, among other things, assignment restrictions and/or annual limitations pursuant to Section 382 of the Internal Revenue Code)	Tax year _____	Unknown
<hr/>			
	State Net Operating Losses as of December 31, 2018 totaling \$26,539,655.00 (may be subject to, among other things, assignment restrictions and/or annual limitations pursuant to New York tax law)	Tax year _____	Unknown
<hr/>			
73.	Interests in insurance policies or annuities		
74.	Causes of action against third parties (whether or not a lawsuit has been filed)		
75.	Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims		
76.	Trusts, equitable or future interests in property		
77.	Other property of any kind not already listed <i>Examples: Season tickets, country club membership</i> In November, 2015, the Company and a stem cell treatment company ("SCTC") entered into an amendment to a January 27, 2012 license agreement between them. Pursuant to the amendment, effective November 30, 2015, the Company granted to the SCTC (i) a non-exclusive sublicense to use certain of the licensed intellectual property in one location outside the United States and (ii) a non-exclusive sublicense to use, and the right to sublicense to third parties the right to use, in certain locations in the United States, certain of the licensed intellectual property. In consideration of the sublicenses, the SCTC has agreed to pay the Company royalties on a per disc procedure basis.		\$130,000.00
<hr/>			
	Various populations of human cell lines. Located in (i) Melville, NY; (ii) research partner's lab in Philadelphia, PA (under Research Collaboration Agreement); research partner's lab in Salt Lake City, UT (under Service Agreement).		Unknown
<hr/>			

78. **Total of Part 11.**
Add lines 71 through 77. Copy the total to line 90.

\$130,000.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

Debtor **BioRestorative Therapies, Inc.**
Name

Case number *(If known)* **8-20-71757**

- ☒ No
☐ Yes

Debtor **BioRestorative Therapies, Inc.**
NameCase number (If known) **8-20-71757****Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$4,810.17	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$23,000.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$29,475.84	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$17,591.30	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$724,185.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$130,000.00	
91. Total. Add lines 80 through 90 for each column	\$929,062.31	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$929,062.31

Fill in this information to identify the case:Debtor name **BioRestorative Therapies, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**Case number (if known) **8-20-71757**☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	John Desmarais <small>Creditor's Name</small> 26 Deer Creek Lane Mount Kisco, NY 10549 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred July 2017 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien IP and equipment (Claim amount includes interest as of Petition Date) Describe the lien Second Priority Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$245,191.78	\$0.00
2.2	John Desmarais <small>Creditor's Name</small> 26 Deer Creek Lane Mount Kisco, NY 10549 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred February 20, 2020 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien All assets, including IP (Claim amount includes interest as of Petition Date) Describe the lien Blanket Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$323,042.82	\$0.00

Debtor **BioRestorative Therapies, Inc.**

Case number (if known)

8-20-71757

Name

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Contingent☐ Unliquidated☐ Disputed**2.3 John Desmarais**

Creditor's Name

**26 Deer Creek Lane
Mount Kisco, NY 10549**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**February 26/2020****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

All assets including IP (Claim amount includes interest as of Petition Date)**\$33,793.21****\$0.00**

Describe the lien

Blanket Lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.4 Tuxis Trust**

Creditor's Name

**26 Deer Creek Lane
Mount Kisco, NY 10549**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**June 2016****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

IP and Equipment (Claim amount includes interest as of Petition Date)**\$753,835.62****\$0.00**

Describe the lien

First Priority Lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$1,355,863.43**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Debtor **BioRestorative Therapies, Inc.**

Name

Case number (if known)

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Name and address

On which line in Part 1 did
you enter the related creditor?Last 4 digits of
account number for
this entity

Pryor & Mandelup, L.L.P.
675 Old Country Road
Attn: A. Scott Mandelup
Westbury, NY 11590

Line **2.1**

Ropes & Gray LLP
1211 Avenue of Americas
Attn: Jonathan Gill, Esq
New York, NY 10036-8704

Line **2.1**

Debtor BioRestorative Therapies, Inc.		Case number (if known) 8-20-71757
Name		
2.3	Priority creditor's name and mailing address Lance Alstodt 1 Woodedge Lane Brookville, NY 11545	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: Severance Pay
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.4	Priority creditor's name and mailing address Mandy Clyde 1422 Townline Road Nesconset, NY 11767	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: Expense Reimbursement, Bonus, Unused Vacation
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.5	Priority creditor's name and mailing address Mark Weinreb 9 Colgate Lane Woodbury, NY 11797	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: Expense Reimbursement, Unpaid Payroll, Unused Vacation and Short Term Advance
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.6	Priority creditor's name and mailing address Ram Sharma 11 Arthur Place Montville, NJ 07045-5000	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: Expense Reimbursement, Unused Vacation
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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2.7	Priority creditor's name and mailing address Robert Paccasassi 14 Debbie Trail Hampton Bays, NY 11946	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$16,254.81	\$13,650.00
Date or dates debt was incurred _____		Basis for the claim: Unused Vacation		
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.8	Priority creditor's name and mailing address Zack Li 8605 60th Road, Apt 1C Elmhurst, NY 11373	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,865.38	\$6,865.38
Date or dates debt was incurred _____		Basis for the claim: Unused Vacation		
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
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3.1	Nonpriority creditor's name and mailing address 50 Republic Road LLC 116 Gristmill Lane Great Neck, NY 11023 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unpaid Rent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,686.00
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3.2	Nonpriority creditor's name and mailing address Adar Alef, LLC. 38 Olympia Lane Monsey, NY 10952 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Convertible Promissory Note Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$117,753.00
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3.3	Nonpriority creditor's name and mailing address Aegis Capital Corp. 510 Broadhollow Road Melville, NY 11747 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,500.00
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Debtor Name	Case number (if known)	
BioRestorative Therapies, Inc.	8-20-71757	
3.4 Nonpriority creditor's name and mailing address Alfred & Mary Angiola 27 Ridge Road Southampton, NY 11968 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Promissory Note Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,499.00
3.5 Nonpriority creditor's name and mailing address All Action Alarm 40 Oser Avenue #5 Hauppauge, NY 11788 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$293.28
3.6 Nonpriority creditor's name and mailing address American Type Culture Collection, Historic Dist 10801 University Blvd Manassas, VA 20110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,252.00
3.7 Nonpriority creditor's name and mailing address Andrew Crabtree 225 Broadhollow Road Suite 303 Melville, NY 11747 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,973.00
3.8 Nonpriority creditor's name and mailing address Aon Hewitt/Radford 2570 North First Street Suite 500 San Jose, CA 95131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,500.00
3.9 Nonpriority creditor's name and mailing address Auctus Fund, LLC. 545 Boylston Street 2nd Floor Boston, MA 02116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Promissory Note Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,261,819.00
3.10 Nonpriority creditor's name and mailing address Bernice C. Cole 102 Ardmore Avenue Providence, RI 02908 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Promissory Note Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,399.00

Debtor Name	Case number (if known)	
BioRestorative Therapies, Inc.	8-20-71757	
3.11 Nonpriority creditor's name and mailing address Broadridge 5 Dakota Drive, Suite 300 Lake Success, NY 11042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72,678.00
3.12 Nonpriority creditor's name and mailing address Cardiovascular Research Foundation 1700 Broadway New York, NY 10019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.13 Nonpriority creditor's name and mailing address Cayman Chemical Company 1180 E. Ellsworth Road Ann Arbor, MI 48108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,699.00
3.14 Nonpriority creditor's name and mailing address Certilman Balin Adler & Hyman, LLP. 90 Merrick Avenue East Meadow, NY 11554 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$894,500.00
3.15 Nonpriority creditor's name and mailing address Charles Ryan 1762 Stuart Road West Princeton, NJ 08540 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Director Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$96,667.00
3.16 Nonpriority creditor's name and mailing address Cintas Corp 800 Cintas Boulevard P.O. Box 625737 Cincinnati, OH 45262 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$92.00
3.17 Nonpriority creditor's name and mailing address CORE IR 377 Oak Street, Concourse 2 Garden City, NY 11530 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	BioRestorative Therapies, Inc.		Case number (if known)	8-20-71757
	Name			
3.18	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$252,543.00
	Coventry Enterprises, LLC 80 S.W. 8th Street Suite 2000 Miami, FL 33130	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Convertible Promissory Note Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.19	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$101,412.00
	Crossover Capital Fund I 365 Ericksen Avenue NE #315 Bainbridge Island, WA 98110	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Convertible Promissory Note Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.20	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$266,076.00
	Crown Bridge Partners LLC 1773 A 2nd Avenue Suite 126 New York, NY 10065	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Convertible Promissory Note Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.21	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$1,767.00
	CTI Clinical Trial & Consulting 100 E. Rivercenter Blvd Covington, KY 41011	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.22	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		Unknown
	Dexterity, Inc. 1224 Cove Park Circle Bsmt Murray, UT 84123	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.23	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		Unknown
	Dolly Casper 1224 Cove Park Circle Bsmt Murray, UT 84123	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.24	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$7,644.00
	Doty/Scott Enterprises 12707 High Bluff Drive Suite 200 San Diego, CA 92130	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	BioRestorative Therapies, Inc. Name	Case number (if known)	8-20-71757
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3.25	Nonpriority creditor's name and mailing address Dr. Wayne Marasco 43 Rice Street Wellesley Hills, MA 02481 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$550,000.00
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3.26	Nonpriority creditor's name and mailing address Eagle Equities, LLC 525 Norton Parkway New Haven, CT 06511 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Promissory Note Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$394,875.00
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3.27	Nonpriority creditor's name and mailing address EMA Financial, LLC 40 Wall Street, Ste. 1700 New York, NY 10005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Promissory Note Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$211,377.00
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3.28	Nonpriority creditor's name and mailing address EMD Millipore 400 Summut Drive Burlington, MA 01803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$543.00
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3.29	Nonpriority creditor's name and mailing address Evoqua Water Technologies 210 Sixth Avenue Suite 3300 Pittsburgh, PA 15222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$614.00
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3.30	Nonpriority creditor's name and mailing address Firstfire Global Opportunities Fund LLC 1040 1st Avenue Suite 190 New York, NY 10022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Convertible Promissory Note Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.31	Nonpriority creditor's name and mailing address Fisher Scientific 81 Wyman Street Waltham, MA 02451 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,443.00
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Debtor	BioRestorative Therapies, Inc. Name	Case number (if known)	8-20-71757
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3.32	Nonpriority creditor's name and mailing address Francisco Silva 22 Dale Road Huntington, NY 11743 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Promissory Note Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,005.00
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3.33	Nonpriority creditor's name and mailing address Fross Zelnick Lehrman & Zissu, P.C. 151 West 42nd Street 17th Floor New York, NY 10036 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,615.00
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3.34	Nonpriority creditor's name and mailing address Galaxie Coffee 110 Sea Lane Farmingdale, NY 11735 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$297.13
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3.35	Nonpriority creditor's name and mailing address Gene M. Bernstein 31 South Hill Street Southampton, NY 11968 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Promissory Note Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$163,660.00
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3.36	Nonpriority creditor's name and mailing address General Welding Supply Co 600 Shames Drive #1 Westbury, NY 11590 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,229.61
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3.37	Nonpriority creditor's name and mailing address Gladstone Corporation 1521 Westbranch Drive Suite 100 Mc Lean, VA 22102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Promissory Note Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$368,250.00
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3.38	Nonpriority creditor's name and mailing address Gladstone Corporation 1521 Westbranch Drive Suite 100 Mc Lean, VA 22102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,450.00
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Debtor Name	Case number (if known)	
BioRestorative Therapies, Inc.	8-20-71757	
3.39 Nonpriority creditor's name and mailing address GlobeNews Wire 2321 Rosecrans Avenue Suite 2200 El Segundo, CA 90245 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,230.00
3.40 Nonpriority creditor's name and mailing address Greenspoon Marder 590 Madison Avenue Suite 2200 El Segundo, CA 90245 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$875.00
3.41 Nonpriority creditor's name and mailing address Gregory Lutz 62 East 88th Street New York, NY 10128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Professional Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.42 Nonpriority creditor's name and mailing address GS Capital Partners, LLC 30 Broad Street, Ste 1201 New York, NY 10004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Promissory Note Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$649,580.00
3.43 Nonpriority creditor's name and mailing address GW Holdings, LLC 137 Montague Street Suite 291 Brooklyn, NY 11201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Promissory Note Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$187,390.00
3.44 Nonpriority creditor's name and mailing address Harvey & Melody Alstodt 224 Grande Point Drive Palm Beach Gardens, FL 33418 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Promissory Note Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$152,082.00
3.45 Nonpriority creditor's name and mailing address HRW Legacy LLC 15140 Sutton Street Sherman Oaks, CA 91403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Promissory Note Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$233,381.00

Debtor	Name	Case number (if known)	
	BioRestorative Therapies, Inc.	8-20-71757	
3.46	Nonpriority creditor's name and mailing address Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>NOTICE PARTY ONLY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.47	Nonpriority creditor's name and mailing address Jeff Radov 8 Walworth Avenue Scarsdale, NY 10583 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Director Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$169,167.00
3.48	Nonpriority creditor's name and mailing address John Coghlan 36 Vassar Place Rockville Centre, NY 11570 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Promissory Note Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$133,589.00
3.49	Nonpriority creditor's name and mailing address Joseph Swiader 16 Beech Farm Lane Garrison, NY 10524 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Director Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000.00
3.50	Nonpriority creditor's name and mailing address JSJ Investments, Inc. 2665 Villa Creek Drive Suite 214 Dallas, TX 75234 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Promissory Note Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$210,058.00
3.51	Nonpriority creditor's name and mailing address K&L Gates, LLP. 210 Sixth Avenue Pittsburgh, PA 15222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$706,155.00
3.52	Nonpriority creditor's name and mailing address KCSA Strategic Comm. 520 Fifth Avenue #3 Glen Allen, VA 23060 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,192.00

Debtor	BioRestorative Therapies, Inc. Name	Case number (if known)	8-20-71757
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3.53	Nonpriority creditor's name and mailing address Labrys Fund LP 48 Parker Road Wellesley, MA 02482 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Promissory Note Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$274,752.00
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3.54	Nonpriority creditor's name and mailing address Lampire Biological Labs P.O. Box 270 Pipersville, PA 18947 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,582.00
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3.55	Nonpriority creditor's name and mailing address Lance Alstodt 1 Woodedge Lane Brookville, NY 11545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Severance pay</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$161,350.00
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3.56	Nonpriority creditor's name and mailing address Leica Microsystems 1700 Leider Lane Buffalo Grove, IL 60089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,504.00
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3.57	Nonpriority creditor's name and mailing address LG Capital Funding, LLC 1218 Union Street, Ste. 2 Brooklyn, NY 11225 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Promissory Note Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$266,651.00
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3.58	Nonpriority creditor's name and mailing address Life Technologies Corp. 5791 Van Allen Way Carlsbad, CA 92008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,706.00
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3.59	Nonpriority creditor's name and mailing address Lippert/Heilshorn 800 Third Avenue, 17th FL New York, NY 10022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor	BioRestorative Therapies, Inc. Name	Case number (if known)	8-20-71757
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3.60	Nonpriority creditor's name and mailing address Lowenstein Sandler 1 Lowenstein Drive Roseland, NJ 07068 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,010.00
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3.61	Nonpriority creditor's name and mailing address M2 Compliance 74075 El Paseo B3 Palm Desert, CA 92260 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,660.00
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3.62	Nonpriority creditor's name and mailing address Marcum LLP 10 Melville Park Drive Melville, NY 11747 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Accounting Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,797.00
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3.63	Nonpriority creditor's name and mailing address Mediant Communications 17 State Street New York, NY 10004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$479.00
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3.64	Nonpriority creditor's name and mailing address MethodSence 1 Copely Parkway Morrisville, NC 27560 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
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3.65	Nonpriority creditor's name and mailing address Morningview Financial LLC 401 Park Avenue South 10th Floor New York, NY 10016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Promissory Note Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78,009.00
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3.66	Nonpriority creditor's name and mailing address National Grid P.O. Box 11791 Newark, NJ 07101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$582.00
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Debtor Name	Case number (if known)	
BioRestorative Therapies, Inc.	8-20-71757	
3.67 Nonpriority creditor's name and mailing address NYS Dept. of Tax & Financ POB 5300 Bankruptcy Unit Albany, NY 12205-0300 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>NOTICE PARTY ONLY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.68 Nonpriority creditor's name and mailing address NYS Dept. of Taxation Bankruptcy Unit-TCD Building 8, Room 455 WA Harriman State Campus Albany, NY 12227 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>NOTICE PARTY ONLY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.69 Nonpriority creditor's name and mailing address Odyssey Capital Funding 1249 Broadway, Suite #103 Hewlett, NY 11557 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Promissory Note Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$423,012.00
3.70 Nonpriority creditor's name and mailing address One Beacon Insurance 605 Highway 169 North Suite 800 Plymouth, MN 55441 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.71 Nonpriority creditor's name and mailing address Optimum 1111 Stewart Avenue Bethpage, NY 11714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Internet and Phone Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$806.23
3.72 Nonpriority creditor's name and mailing address Oxford Health Plans 136-02 Roosevelt Avenue New York, NY 10022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,162.00
3.73 Nonpriority creditor's name and mailing address Paley Advisors, LLC 115 E. 57th Street New York, NY 10022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00

Debtor Name	Case number (if known)	
BioRestorative Therapies, Inc.	8-20-71757	
3.74 Nonpriority creditor's name and mailing address Paul Jude Tonna 69 Chichester Road Huntington, NY 11743 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Director Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$91,667.00
3.75 Nonpriority creditor's name and mailing address Peckar & Abramson 1325 Ave of the Americas 10th Floor New York, NY 10019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,500.00
3.76 Nonpriority creditor's name and mailing address Perkin Elmer 80 Ruland Road Melville, NY 11747 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,902.00
3.77 Nonpriority creditor's name and mailing address Pharos Advisors 299 Market Street Saddle Brook, NJ 07763 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Financial and Accounting Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200,000.00
3.78 Nonpriority creditor's name and mailing address Pharpoint Research 1001 Military Cutoff #301 Wilmington, NC 28405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,950.00
3.79 Nonpriority creditor's name and mailing address Phil Triolo & Associates 86 Skycrest Lane Salt Lake City, UT 84108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.80 Nonpriority creditor's name and mailing address Power Up Lending Group 111 Great Neck Road Suite 216 Great Neck, NY 11021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Promissory Note Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$123,812.00

Debtor	BioRestorative Therapies, Inc. Name	Case number (if known)	8-20-71757
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3.81	Nonpriority creditor's name and mailing address Professional Research Consulting Inc. 11326 P Street Omaha, NE 68137 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,414.00
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3.82	Nonpriority creditor's name and mailing address Qiagen, Inc. 19300 Germantown Road Germantown, MD 20874 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,551.00
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3.83	Nonpriority creditor's name and mailing address RedDiamond Partners, LLC 156 W. Saddle River Road Saddle River, NJ 07458 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Promissory Note Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,468.00
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3.84	Nonpriority creditor's name and mailing address Regal Consulting El Camino Real Unit E San Diego, CA 92130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.85	Nonpriority creditor's name and mailing address Robert B. Catell 62 Osborne Road Garden City, NY 11530 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Promissory Note Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$104,537.00
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3.86	Nonpriority creditor's name and mailing address Robert B. Catell 62 Osborne Road Garden City, NY 11530 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Director Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106,667.00
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3.87	Nonpriority creditor's name and mailing address Robert W. Meyer, Jr. 4099 Tamiami Trail North Suite 201 Naples, FL 34103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Promissory Note Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$112,800.00
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Debtor Name	Case number (if known)	
BioRestorative Therapies, Inc.	8-20-71757	
3.88 Nonpriority creditor's name and mailing address Sandra Ann Tramontano 9 Justin Drive South Easton, MA 02376 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Promissory Note Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,388.00
3.89 Nonpriority creditor's name and mailing address Saxon Business Systems 14025 NW 60 Avenue Miami Lakes, FL 33014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
3.90 Nonpriority creditor's name and mailing address SBI Investments LLC 369 Lexington Avenue 2nd Floor New York, NY 10017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Promissory Note Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$326,701.00
3.91 Nonpriority creditor's name and mailing address SCG Capital LLC 21200 NE 38th Avenue Apt. 2601 Aventura, FL 33180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Promissory Note Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64,658.00
3.92 Nonpriority creditor's name and mailing address Seth Newman 25 Oriole Drive Roslyn, NY 11576 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Promissory Note Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$118,397.00
3.93 Nonpriority creditor's name and mailing address Shore Office Systems 60 Enter Lane Islandia, NY 11749 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$252.02
3.94 Nonpriority creditor's name and mailing address Staples, Inc. 500 Staples Drive Framingham, MA 01702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Name	Case number (if known)	
	BioRestorative Therapies, Inc.	8-20-71757	
3.95	Nonpriority creditor's name and mailing address Stericycle 4010 Commercial Avenue Northbrook, IL 60062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,450.80
3.96	Nonpriority creditor's name and mailing address Sterling Talent Solution 1 State Street Plaza #24 New York, NY 10004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$299.50
3.97	Nonpriority creditor's name and mailing address Streetwise Reports LLC 755 Baywood Drive, 2nd Fl Petaluma, CA 94954 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,500.00
3.98	Nonpriority creditor's name and mailing address Suffolk County IDA H. Lee Dennison Bldg FL 3 100 Veterans Memorial Hwy P.O. Box 6100 Hauppauge, NY 11788 Date(s) debt was incurred <u>2015</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Tax break incentives</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.99	Nonpriority creditor's name and mailing address Swanson & Bratschun LLC 8210 Southpart Terrace Littleton, CO 80120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,725.00
3.100	Nonpriority creditor's name and mailing address TDA Consulting 333 Las Olas Way Suite 1506 Fort Lauderdale, FL 33301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,500.00
3.101	Nonpriority creditor's name and mailing address Techmed Incorporated 1330 1st Avenue Suite 709 New York, NY 10021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,950.00

Debtor	Name	Case number (if known)	
	BioRestorative Therapies, Inc.	8-20-71757	
3.102	Nonpriority creditor's name and mailing address Telecorp Communcations 1535 Gateway Boulevard West Deptford, NJ 08096 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.103	Nonpriority creditor's name and mailing address The Neil Michael Solomon Group, Inc. 9 Park Place Great Neck, NY 11021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,000.00
3.104	Nonpriority creditor's name and mailing address The Westerman 2004 Irrevocable Trust 414 Centre Island Road Oyster Bay, NY 11771 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Promissory Note Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,808.00
3.105	Nonpriority creditor's name and mailing address Thomas Scientific 1654 High Hill Road Swedesboro, NJ 08085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.106	Nonpriority creditor's name and mailing address Trinity Partners 230 3rd Avenue Prospect Place Waltham, MA 02451 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,429.00
3.107	Nonpriority creditor's name and mailing address U.S. Attorney's Office EDNY - Attn: Long Island Bankruptcy Processing 610 Federal Plaza, 5th Fl Central Islip, NY 11722-4454 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>NOTICE PARTY ONLY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.108	Nonpriority creditor's name and mailing address U.S. Securities & Exchang NY Region Attn:Bankruptcy Brookfield Place 200 Vesey Street, Ste 400 New York, NY 10281 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>NOTICE PARTY ONLY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor Name	Case number (if known)	
BioRestorative Therapies, Inc.	8-20-71757	
3.109 Nonpriority creditor's name and mailing address UniFirst Corporation 68 Jonspin Road Wilmington, MA 01887 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$522.45
3.110 Nonpriority creditor's name and mailing address University of Utah Grant/Contract Accounting 201 President's Circle Room 406 Salt Lake City, UT 84112-9020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt - Manufacturing Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
3.111 Nonpriority creditor's name and mailing address University of Utah Grant/Contract Accounting 201 President's Circle Room 406 Salt Lake City, UT 84112-9020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt - Research Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$111,875.00
3.112 Nonpriority creditor's name and mailing address University of Utah Grant/Contract Accounting 201 President's Circle Room 406 Salt Lake City, UT 84112-9020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt - Service Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,409.00
3.113 Nonpriority creditor's name and mailing address VWR 100 Matsonford Road Building 1, Suite 1 Radnor, PA 19087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,845.00
3.114 Nonpriority creditor's name and mailing address Wall Street Transcript 67 Wall Street New York, NY 10005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$675.00
3.115 Nonpriority creditor's name and mailing address Wayne Olan 9320 Glen Road Potomac, MD 20854 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,000.00

Debtor **BioRestorative Therapies, Inc.**
NameCase number (if known) **8-20-71757**

3.116 Nonpriority creditor's name and mailing address

Wet Earth Partners
16 Beech Farm Lane
Garrison, NY 10524

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.***\$60,000.00**

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim: **Professional Services**Is the claim subject to offset? ☒ No ☐ Yes**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Bernard S. Feldman, P.C. 111 Great Neck Road Suite 214 Attn: Bernard S. Feldman Great Neck, NY 11201	Line <u>3.80</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	Giordano & Company, P.C. 47 Winter Street Suite 800 Attn: Philip Giordano Boston, MA 02108-4774	Line <u>3.9</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	Jeffrey Fleischmann 26 Broadway, 21st Floor New York, NY 10004	Line <u>3.26</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	Jeffrey Fleischmann 26 Broadway, 21st Floor New York, NY 10004	Line <u>3.27</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	Naidich Wurman Birnbaum 80 Cuttermill Road Suite 410 Attn: Robert P. Johnson Great Neck, NY 11021	Line <u>3.80</u> <input type="checkbox"/> Not listed. Explain _____	—
4.6	Vishnick McGovern Milizio Attn: Avrohom Y. Gefen 300 Marcus Avenue Suite 1E9 New Hyde Park, NY 11042	Line <u>3.18</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>210,782.89</u>
5b. +	\$ <u>13,516,225.02</u>

5c.	\$ <u>13,727,007.91</u>
-----	--------------------------------

Fill in this information to identify the case:Debtor name **BioRestorative Therapies, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**Case number (if known) **8-20-71757**☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.**1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal**Property*

(Official Form 206A/B).

2. List all contracts and unexpired leases**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest

**Lease of
Non-Residential Real
Property for 40 Marcus
Drive, Melville, NY
11747
5 years**

State the term remaining

List the contract number of any government contract

**50 Republic Road LLC
116 Gristmill Lane
Great Neck, NY 11023**

2.2. State what the contract or lease is for and the nature of the debtor's interest

**Food and Drug
Administration
Clearance of Phase II
Disc Trial**

State the term remaining

List the contract number of any government contract

Food and Drug Admin

2.3. State what the contract or lease is for and the nature of the debtor's interest

**Employment
Agreement**

State the term remaining

List the contract number of any government contract

**Francisco Silva
22 Dale Road
Huntington, NY 11743**

2.4. State what the contract or lease is for and the nature of the debtor's interest

**Employment
Agreement**

State the term remaining

List the contract number of any government contract

**Mandy Clyde
1422 Townline Road
Nesconset, NY 11767**

Debtor 1 **BioRestorative Therapies, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **8-20-71757****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.5. State what the contract or lease is for and the nature of the debtor's interest **Employment Agreement**

State the term remaining

List the contract number of any government contract

Mark Weinreb
9 Colgate Lane
Woodbury, NY 11797

- 2.6. State what the contract or lease is for and the nature of the debtor's interest **Office VOIP Phone System**

State the term remaining

List the contract number of any government contract

Mitel

- 2.7. State what the contract or lease is for and the nature of the debtor's interest **Intellectual Property License by and between Regenerative Sciences, LLC, as licensor, and BioRestorative Therapies, Inc., as licensee, including sub-license from Licensee to Licensor**

State the term remaining

List the contract number of any government contract

Regenerative Sciences LLC

- 2.8. State what the contract or lease is for and the nature of the debtor's interest **Employment Agreement**

State the term remaining

List the contract number of any government contract

Robert Paccasassi
14 Debbie Trail
Hampton Bays, NY 11946

- 2.9. State what the contract or lease is for and the nature of the debtor's interest **Service Agreement**

State the term remaining

List the contract number of any government contract

The University of Utah
75 South 2000 East
Salt Lake City, UT 84112-8930

Debtor 1 **BioRestorative Therapies, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **8-20-71757****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.10. State what the contract or lease is for and the nature of the debtor's interest

Research Collaboration Agreement by and between the Trustees of the University of Pennsylvania on behalf of Mitchell A. Lazar, M.D., Ph.D and BioRestorative Therapies, Inc.

State the term remaining

List the contract number of any government contract

**Trustees of UPenn
Mitchell A. Lazar, MD PhD
3400 Civic Center Blvd.
Smilow Transl. Cnt 12-196
Philadelphia, PA 19104**

- 2.11. State what the contract or lease is for and the nature of the debtor's interest

Research Collaboration Agreement by and between the Trustees of the University of Pennsylvania on behalf of Dr. Raymond Soccio and BioRestorative Therapies, Inc.

State the term remaining

List the contract number of any government contract

**Trustees of UPenn
Dr. Raymond Soccio
3400 Civic Center Blvd.
Smilow Transl. Cnt 12-196
Philadelphia, PA 19104**

- 2.12. State what the contract or lease is for and the nature of the debtor's interest

Materials Transfer Agreement

State the term remaining

List the contract number of any government contract

**ViaCyte, Inc.
3550 General Atomics Ct.
San Diego, CA 92121**

Fill in this information to identify the case:Debtor name **BioRestorative Therapies, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**Case number (if known) **8-20-71757**☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*

2.1

Street

City

State

Zip Code

☐ D☐ E/F☐ G

2.2

Street

City

State

Zip Code

☐ D☐ E/F☐ G

2.3

Street

City

State

Zip Code

☐ D☐ E/F☐ G

2.4

Street

City

State

Zip Code

☐ D☐ E/F☐ G

Fill in this information to identify the case:Debtor name BioRestorative Therapies, Inc.United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORKCase number (if known) 8-20-71757☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****Sources of revenue**
Check all that apply**Gross revenue**
(before deductions and exclusions)**From the beginning of the fiscal year to filing date:**
From 1/01/2020 to **Filing Date**☒ Operating a business
☐ Other _____\$0.00**For prior year:**
From 1/01/2019 to 12/31/2019☒ Operating a business
☐ Other _____\$130,000.00**For year before that:**
From 1/01/2018 to 12/31/2018☒ Operating a business
☐ Other _____\$111,000.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**
Check all that apply

Debtor **BioRestorative Therapies, Inc.**Case number (if known) **8-20-71757**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Oxford Health Plans 4 Research Drive Shelton, CT 06484	1/16/2020 and 2/24/2020	\$46,322.80	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Health Insurance</u>
3.2. TranShare Corp. 15500 Roosevelt Blvd, Ste. 301 Clearwater, FL 33760	January 10, 14, 15, and 27, 2020 and February 10, and 24, 2020	\$13,196.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Transfer Agent</u>
3.3. Pharos Advisors, Inc. 299 Market Street, Ste. 440 Saddle Brook, NJ 07663	2/21/2020	\$10,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Accounting services related to bankruptcy filing</u>
3.4. First Insurance Funding Corp 450 Skokic Blvd. Ste. 1000 Northbrook, IL 60062	1/10/2020	\$8,452.40	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Insurance</u>
3.5. Gladstone Corporation 2137 East Firth Unit 1 Philadelphia, PA 19125	12/18/2019	\$7,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Consultant assisting with the process of increasing the Company's authorized shares/preparing reverse splits</u>
3.6. Certilman Balin Adler & Hyman, LLP. 90 Merrick Avenue East Meadow, NY 11554	1/15/2020	\$15,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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Debtor **BioRestorative Therapies, Inc.**Case number (if known) **8-20-71757**

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. See Question# 30		\$0.00	

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Coventry Enterprises, LLC v. BioRestorative Therapies, Inc.; Power Up Lending Group, Ltd. v. Ema Financial, LLC, Eagle Equities LLC and Auctus Fund LLC 2:20-cv-00703-GRB-AYS	Enforcement of conversion of promissory notes into shares and related relief	U.S. District Court, EDNY Alfonse M. D'Amato U.S. Courthouse 290 Federal Plaza Central Islip, NY 11722	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. Orthopedic Research Society 6640 Eagle Way Chicago, IL 60678	Support of the 5th ORS/PSRS International Spine Research Symposium, Nov 3-7, 2019 Poconos, PA	7/19/2019	\$10,000.00
Recipients relationship to debtor			

Debtor **BioRestorative Therapies, Inc.**Case number (if known) **8-20-71757****Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Certilman Balin Adler & Hyman, LLP. 90 Merrick Avenue East Meadow, NY 11554		2/21/2020	\$100,000.00
Email or website address			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Debtor **BioRestorative Therapies, Inc.**Case number (if known) **8-20-71757**

Address

Dates of occupancy
From-To**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services
the debtor providesIf debtor provides meals
and housing, number of
patients in debtor's care**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	Bank of America P.O. Box 15284 Wilmington, DE 19850	XXXX-7781	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	1/30/20	\$440.56
18.2.	Bank of America P.O. Box 15284 Wilmington, DE 19850	XXXX-7817	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	1/30/20	\$438.44
18.3.	Bank of America P.O. Box 15284 Wilmington, DE 19850	XXXX-7804	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	1/30/20	\$47.31

Debtor **BioRestorative Therapies, Inc.**Case number (if known) **8-20-71757****19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
---	--	-----------------------------	-----------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
---------------------------	-----------------------------------	-----------------------------	-----------------------

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☐ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☐ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☐ No.
☐ Yes. Provide details below.

Debtor **BioRestorative Therapies, Inc.**Case number (if known) **8-20-71757**

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

25.1. **Stem Pearls, LLC****Cosmetic Skin Care Products**

Dates business existed

EIN: **27-2074868**From-To **2010 - 2018**25.2. **Stem Cell Cayman, Ltd.****Potential clinic for stem cell therapies**EIN: **251463**From-To **2011 - 2017****26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Date of service

From-To

26a.1. **Pharos Advisors
299 Market Street
Suite 440
Saddle Brook, NJ 07633**

3/2/2018 to 3/2/2020

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address

Date of service

From-To

26b.1. **Pharos Advisors
299 Market Street
Suite 440
Saddle Brook, NJ 07663**

3/2/2018 to 3/2/2020

Name and address

Date of service

From-To

26b.2. **Marcum LLP.
750 Third Avenue
11th Floor
New York, NY 10017**

3/2/2018 to 3/2/2020

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

If any books of account and records are unavailable, explain why

26c.1. **Pharos Advisors
299 Market Street
Suite 440
Saddle Brook, NJ 07663**

N/A

Debtor **BioRestorative Therapies, Inc.**Case number (if known) **8-20-71757****Name and address****If any books of account and records are unavailable, explain why**

26c.2. **Marcum, LLP**
750 Third Avenue
11th Floor
New York, NY 10017

N/A

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1. **Financial Statements are issued publicly on a quarterly basis; last filed 10-Q for quarter ending 9/30/2019; last filed 10-K for year ending 12/31/2018**

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Mark Weinreb	9 Colgate Lane Woodbury, NY 11797	Chief Executive Officer, director and shareholder	<1%
Name	Address	Position and nature of any interest	% of interest, if any
Francisco Silva	22 Dale Road Huntington, NY 11743	Vice President of Research and Development	<1%
Name	Address	Position and nature of any interest	% of interest, if any
Robert Paccasassi	14 Debbie Trail Hampton Bays, NY 11946	Vice President of Quality and Compliance	<1%
Name	Address	Position and nature of any interest	% of interest, if any
Mandy Clyde	1422 Townline Road Nesconset, NY 11767	Vice President of Operations and Secretary	<1%
Name	Address	Position and nature of any interest	% of interest, if any
Mark Weinreb	9 Colgate Lane Woodbury, NY 11797	Director	<1%
Name	Address	Position and nature of any interest	% of interest, if any
Jeffrey Radov	8 Walworth Avenue Scarsdale, NY 10583	Director and shareholder	<1%

Debtor **BioRestorative Therapies, Inc.**Case number (if known) **8-20-71757**

Name	Address	Position and nature of any interest	% of interest, if any
Paul Jude Tonna	69 Chichester Road Huntington, NY 11743	Director and shareholder	<1%
Robert B. Catell	62 Osborne Road Garden City, NY 11530	Director and shareholder	<1%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Lance Alstodt	1 Woodedge Lane Glen Head, NY 11545	EVP, Chief Strategy Officer and shareholder	10/15/2018 - 2/24/2020
John Desmarais	26 Deer Creek Lane Mount Kisco, NY 10549	Director	12/1/2015 - 1/10/2020
Dale Broadrick	3003 Brick Church Pike Nashville, TN 37207	Former greater than 10% beneficial shareholder (currently holds 0.332%)	Period during which position or interest was held
Charles Ryan	1762 Stuart Road West Princeton, NJ 08540	Director and shareholder	4/2/2015 - 1/10/2020

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 Mark Weinreb 8 Colgate Lane Woodbury, NY 11797	\$347,359.69 \$ 28,021.91 \$ 10,000.00	3/15/2019 - 2/28/2020 3/4/2019 - 12/27/2019 11/11/2019; 1/10/2020 and 1/14/2020	Gross Payroll Expense Reimbursement Repayment of Short-Term Advances
Relationship to debtor Chief Executive Officer			

Debtor **BioRestorative Therapies, Inc.**Case number (if known) **8-20-71757**

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.2	Mandy Clyde 1422 Townline Road Nesconset, NY 11767	\$145,761.12 \$ 2,422.46	3/15/19 - 2/28/2020 4/26/2019 - 12/9/2019	Gross Payroll Expense Reimbursement
	Relationship to debtor Vice President of Operations and Secretary			
30.3	Robert Paccasassi 14 Debbie Trail Hampton Bays, NY 11946	\$198,843.62 \$ 32,703.00 \$ 119.75	3/15/2019 - 2/28/2020 3/1/2019 3/29/2019 - 7/6/2019	Gross Payroll 2018 Bonus Expense Reimbursement
	Relationship to debtor Vice President of Quality and Compliance			
30.4	Francisco Silva 22 Dale Road Huntington, NY 11743	\$267,441.68 \$ 5,743.70	3/15/2019 - 2/28/2020 4/26/2019 - 9/17/2019	Gross Payroll Expense Reimbursement
	Relationship to debtor Vice President of Research and Development			
30.5	Lance Alstodt 1 Woodedge Lane Brookville, NY 11545	\$324,733.26	3/15/2019 - 2/28/2020	Gross Payroll
	Relationship to debtor Former EVP, Chief Strategy Officer			
30.6	Edward Field 3706 St. Mark Road Durham, NC 27707	\$14,400.00	3/29/2019 - 5/15/2019	Gross Payroll
	Relationship to debtor Former President of Disc Program			
30.7	Jeffrey Radov 8 Walworth Avenue Scarsdale, NY 10583	\$50,000.00	8/21/2019	Director Compensation
	Relationship to debtor Director			
30.8	Paul Jude Tonna 69 Chinchester Road Huntington, NY 11743	\$25,000.00	8/22/2019	Director Compensation
	Relationship to debtor Director			

Debtor **BioRestorative Therapies, Inc.**Case number (if known) **8-20-71757**

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.9	Robert B. Catell 62 Osborne Road Garden City, NY 11530	\$46,402.74	8/15/2019	Loan Repayment
	Relationship to debtor Director			
30.10.	Jason M. Lipetz	\$43,141.00	8/28/2019	Stock-Options (grant date value)
	Relationship to debtor Former Chairman of Scientific Advisory Committee			
30.11.	Jason M. Lipetz	\$28,164.38	11/7/2019	Consulting Services
	Relationship to debtor Former Chairman of Scientific Advisory Committee			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the parent corporation

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **March 20, 2020****/s/ Mark Weinreb**

Signature of individual signing on behalf of the debtor

Mark Weinreb

Printed name

Position or relationship to debtor **Authorized Signatory**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Eastern District of New York

In re **BioRestorative Therapies, Inc.**

Debtor(s)

Case No. **8-20-71757**Chapter **11**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>100,000.00</u>
Prior to the filing of this statement I have received	\$	<u>100,000.00</u>
Balance Due	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

March 20, 2020

Date

/s/ Robert D. Nosek

Robert D. Nosek

Signature of Attorney

Certilman Balin Adler & Hyman, LLP.

90 Merrick Avenue

East Meadow, NY 11554

(516) 296-7000 Fax: (516) 296-7801

rnosek@certilmanbalin.com

Name of law firm

**United States Bankruptcy Court
Eastern District of New York**

In re **BioRestorative Therapies, Inc.**

Debtor(s)

Case No. **8-20-71757**Chapter **11**

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Date: **March 20, 2020****/s/ Mark Weinreb**

Mark Weinreb/Authorized Signatory
Signer/Title

Date: **March 20, 2020****/s/ Robert D. Nosek**

Signature of Attorney
Robert D. Nosek
Certilman Balin Adler & Hyman, LLP.
90 Merrick Avenue
East Meadow, NY 11554
(516) 296-7000 Fax: (516) 296-7801

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK**

**STATEMENT PURSUANT TO LOCAL
BANKRUPTCY RULE 1073-2(b)**

DEBTOR(S): BioRestorative Therapies, Inc.

CASE NO.: 8-20-71757

Pursuant to Local Bankruptcy Rule 1073-2(b), the debtor (*or any other petitioner*) hereby makes the following disclosure concerning Related Cases, to the petitioner's best knowledge, information and belief:

[NOTE: Cases shall be deemed "Related Cases" for purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case was pending at any time within eight years before the filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are spouses or ex-spouses; (iii) are affiliates, as defined in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a partnership and one or more of its general partners; (vi) are partnerships which share one or more common general partners; or (vii) have, or within 180 days of the commencement of either of the Related Cases had, an interest in property that was or is included in the property of another estate under 11 U.S.C. § 541(a).]

☒ NO RELATED CASE IS PENDING OR HAS BEEN PENDING AT ANY TIME.

☐ THE FOLLOWING RELATED CASE(S) IS PENDING OR HAS BEEN PENDING:

1. CASE NO.: _____ JUDGE: _____ DISTRICT/DIVISION: _____

CASE STILL PENDING (Y/N): _____ [If closed] Date of closing: _____

CURRENT STATUS OF RELATED CASE: _____
(Discharged/awaiting discharge, confirmed, dismissed, etc.)

MANNER IN WHICH CASES ARE RELATED (*Refer to NOTE above*): _____

REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE: _____

2. CASE NO.: _____ JUDGE: _____ DISTRICT/DIVISION: _____

CASE STILL PENDING (Y/N): _____ [If closed] Date of closing: _____

CURRENT STATUS OF RELATED CASE: _____
(Discharged/awaiting discharge, confirmed, dismissed, etc.)

MANNER IN WHICH CASES ARE RELATED (*Refer to NOTE above*): _____

REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE: _____

3. CASE NO.: _____ JUDGE: _____ DISTRICT/DIVISION: _____

CASE STILL PENDING (Y/N): _____ [If closed] Date of closing: _____

(OVER)

DISCLOSURE OF RELATED CASES (cont'd)

CURRENT STATUS OF RELATED CASE: _____
(Discharged/awaiting discharge, confirmed, dismissed, etc.)

MANNER IN WHICH CASES ARE RELATED (*Refer to NOTE above*): _____

REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE: _____

NOTE: Pursuant to 11 U.S.C. § 109(g), certain individuals who have had prior cases dismissed within the preceding 180 days may not be eligible to be debtors. Such an individual will be required to file a statement in support of his/her eligibility to file.

TO BE COMPLETED BY DEBTOR/PETITIONER'S ATTORNEY, AS APPLICABLE:

I am admitted to practice in the Eastern District of New York (Y/N): Y

CERTIFICATION (to be signed by pro se debtor/petitioner or debtor/petitioner's attorney, as applicable):

I certify under penalty of perjury that the within bankruptcy case is not related to any case now pending or pending at any time, except as indicated elsewhere on this form.

/s/ Robert D. Nosek

Robert D. Nosek

Signature of Debtor's Attorney

Certilman Balin Adler & Hyman, LLP.

90 Merrick Avenue

East Meadow, NY 11554

(516) 296-7000 Fax:(516) 296-7801

Signature of Pro Se Debtor/Petitioner

Signature of Pro Se Joint Debtor/Petitioner

Mailing Address of Debtor/Petitioner

City, State, Zip Code

Area Code and Telephone Number

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

NOTE: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.